

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0 7

2. STATE:

Rhode Island

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(10)(A)(ii)(X) and
Section 1902(m)(1) and (3) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 249,416

b. FFY 2001 \$ 1,247,356

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A p. 22
Attachment 2.6-A p. 21a
Supplement 1 to AH 2.6A p. 5
Supplement 2 to AH 2.6.A p. 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 2.2A, p. 22
Attachment 2.6 -A, p. 21a
Supplement 1 to AH 2.6.-A, p. 5
Supplement 2 to AH 2.6.-A, p. 6

11. SUBJECT OF AMENDMENT:

Optional Groups Other than the Medically Needy:
Elderly and Disabled Individuals

12. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

See Attached Letter

13. SIGNATURE OF STATE AGENCY OFFICIAL:

14. TYPED NAME:

Christine C. Ferguson

15. TITLE:

Director

16. DATE SUBMITTED:

September 12, 2000

17. RETURN TO:

Dorothy Karolyshyn
Dept. of Human Services
Policy Office
600 New London Avenue
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

18. DATE RECEIVED:

19. DATE APPROVED:

12-6-00

PLAN APPROVED - ONE COPY ATTACHED

20. EFFECTIVE DATE OF APPROVED MATERIAL:

7-1-00

21. SIGNATURE OF REGIONAL OFFICIAL:

22. TYPED NAME:

Ronald Preston

23. TITLE:

Regional Associate Administrator

24. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: RHODE ISLAND

4. Aged and Disabled Individuals

 Same as SSI resource levels.

 More restrictive than SSI levels and are as follows:

<u>Family size</u>	<u>Resource Level</u>
<u>1</u>	<u> </u>
<u>2</u>	<u> </u>
<u>3</u>	<u> </u>
<u>4</u>	<u> </u>

 X Same as medically needy resource levels (applicable only if State has a medically needy program)

TN No. 00-007

Effective Date 07/01/00

Supersedes

Approval Date 02-06-00

TN No 92-02

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (PD)
August 1991

Attachment 2.2-A
Page 22
OMB No.: 0938-

STATE: RHODE ISLAND

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other than the Medically Needy</u> (Continued)
1902(a)(10)(A) (ii)(X) and 1902(m) (1) and (3) of the Act	<u>X</u>	16. Individuals -- a. Who are 65 years of age or older or are disabled, as determined under Section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group. b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to <u>Attachment 2.6-</u> <u>A</u> for a family of the same size; and c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in <u>Attachment 2.6-A</u> .

TN No. 00- 007
Supersedes
TN No. 92-02

Approval Date: 12-6-00

Effective Date: 07/01/00

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.6-A
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Citation	Condition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	<p>e. For aged and disabled individuals described in Section 1902(m)(1) of the Act who are covered Act, the resource standard is:</p> <p><u> </u> Same as SSI standards</p> <p><u> X </u> Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).</p> <p><u>Supplement 2 to ATTACHMENT 2.6</u> specifies the resource levels for these individuals.</p>

TN No. 00-007
Supersedes
TN No. 92-02

Effective Date 07/01/00
Approval Date: 12-6-00
HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

INCOME ELIGIBILITY LEVELS (continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on 100% of the official Federal income poverty line.

Family Size	Income Level
<u>1</u>	<u>\$ 695.83</u>
<u>2</u>	<u>\$ 937.50</u>
<u>3</u>	<u>\$ 1,179.17</u>
<u>4</u>	<u>\$ 1,420.83</u>
<u>5</u>	<u>\$ 1,662.50</u>

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. 00-007
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TN No. 00-007
Supersedes
TN No. 92-02

Approval Date: 12-6-00

Effective Date: 07/01/00

HCFA ID: 7983E